

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-024950

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 13

Primary Registration District No. 3003

Registrar's No. 70

FILED JUN 20 1963

1. PLACE OF DEATH

a. COUNTY **Lawrence**

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **Monett**

Length of stay in 1b
40 yrs.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **Home - 812 10th St.**

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived: If institution: Residence before admission)
a. STATE **Mo.** b. COUNTY **Lawrence**

c. CITY OR TOWN **Monett**

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
812 10th St.

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

First Middle Last
James Franklin McCubbin

4. DATE OF DEATH
Month Day Year
June 15, 1963

5. SEX
Male

6. COLOR OR RACE
White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
9/8/1879

9. AGE (last birthday)
83

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Retired Railroad Employee

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)
Dade County, Mo.

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

David A. McCubbin

13b. MOTHER'S MAIDEN NAME

Virginia Drace

14. NAME OF HUSBAND OR WIFE

Mrs. Rosa B. McCubbin

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

300-07-6622

17. INFORMANT

Address
Mrs. Rosa McCubbin, Monett, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

- Presumed to be "Natural Cause"

INTERVAL BETWEEN ONSET AND DEATH
Unknown

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

**Investigated by Edwin Wilks
Lawrence County Coroner**

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY STATE

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at **7:30 p.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Mrs. P. N. Cook - Registrar

(Degree or title)

22b. ADDRESS

413 First - Monett

22c. DATE SIGNED

6-18-63

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE

6/18/63

23c. NAME OF CEMETERY OR CREMATORY

IOOF Cemetery

23d. LOCATION (City, town, or county)

Monett, Mo.

24. FUNERAL DIRECTOR

ADDRESS

J. D. Buchanan, Monett, Mo.

25. DATE RECD. BY LOCAL REG.

6-18-63

26. REGISTRAR'S SIGNATURE

Mrs. P. N. Cook

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59

10555

20555

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97954

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1290-8

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JUN 28 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

G. D. Buchanan

Licensed Embalmer No. 3179

P. O. Address Monett, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.